



**Kentucky's Affordable Prepaid Tuition  
Residual Benefits Request Form**

Use this form to request a disbursement of KAPT benefits for qualified higher education expenses **other than** tuition and fees including room, board, books, supplies, and equipment required for enrollment. For payment of tuition and fees, submit a *KAPT Billing Authorization Form* to the school billings office by the payment deadline each academic period.

Please return this form after your beneficiary has enrolled and you are aware of his/her exact charges. This will help you determine an accurate amount of residual benefits available and needed.

**1. Account Information**

Account Owner's Name: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

KAPT Account Number: \_\_\_\_\_

**2. Disbursement Amount**

Disburse the following amount from my KAPT account for the qualified higher education expenses of my beneficiary:

\$ \_\_\_\_\_

**3. Academic Term/Year:**

\_\_\_\_\_

**4. Disbursement Recipient**

Make this disbursement to: (check one)

☐ KAPT account owner indicated above

☐ Eligible educational institution

Name of school: \_\_\_\_\_

**5. Account Owner Signature**

By signing below, I certify the following:

- The disbursement requested is for qualified higher education expenses of my beneficiary to attend an eligible educational institution as defined 26 U.S.C. Section 529.
- The amount I have authorized my beneficiary's higher education institution to bill KAPT for tuition and fees plus my residual benefit request or requests do not exceed the total payout value of my account. (For information on your account payout value, please call 1-888-919-KAPT, option 2 or visit [www.getKAPT.com](http://www.getKAPT.com).)
- I understand that I should retain receipts, invoices, or other information adequate to substantiate the qualified higher education expenses of my beneficiary in the event the Internal Revenue Service requires that I do so.
- I understand that if my beneficiary uses more benefits in an academic year than the one-year payout value, my account will be depleted at a faster rate and my benefits may be exhausted in a lesser number of years than anticipated.
- I have read the *Account Owner's Guide to Using KAPT Benefits*.

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

**Mailing Instructions**

Please return this completed form to:

KAPT

KHEAA

P.O. Box 798

Frankfort, KY 40602-0798

Or fax to 1-800-519-4652. Please allow up to four weeks for processing.